**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9800003941 1. Corporation Name

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90003 023 \*\*\*150.00

	ACCESS, INC.							
Principal Plac		Mailing Address				Ì		
13300 WALSINGHAM RD SUITE 155 P. O. BOX 1171 LARGO FL 33774 NEW PORT RICHEY FL 34656-								
The state of the s						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 01/12/1998		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		plied For
21		26				27-3486406		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
City & Stat	to	City & State				6. Election Campaign Financing	\$5.00	<del></del>
<b>—</b> , '	te .	28				Trust Fund Contribution	Added 1	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year in		
24	25	——————————————————————————————————————	30	•		Personal Property Tax.	Yes	No
1	9. Name and Address of Curren					10. Name and Address of New Registered	Agent	
				81 Na	me			
ARMSTRONG, DONALD E SR. 8609 FOX HOLLOW DR.				82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		
	RT RICHEY FL 34668							
FUF	TI NICHELLIE 04000			83				
				84 Cit	у	E	85 Zip (	Code
44 Duenuant	to the provinces of Sections 607 050	12 and 607 1508. Florida Statute	es the at	L_i hove-nar	ned como	pration submits this statement for the purpose o	f changing its	registered
office or	registered agent or both in the State.	of Florida. Such change was at	ıtnorızed	i by the c	orporation	n's board of directors. I hereby accept the appo	intment as re	gistered
agent. I a	am familiar with, and pacent the police	itions or, Section 907.0505, Pior	ida Statt	nes.		2/12/	aa .	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if a plicable. (NOTE:	Registered	Agent signa	ture required	when reinstating) DATE	<del>77</del>	
12.		ID DIRECTORS	13.		···········	ADDITIONS/CHANGES TO OFFICERS A		
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: